



Please type a plus sign (+) inside this box →

PTO/SB/50 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
are required to respond to a collection of information unless it displays

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

<p>Address to:</p> <p>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p>		Attorney Docket No.	ST9-95-032R		
		First Named Inventor	Paul C-H Leung		
		Original Patent Number	5,657,447		
		Original Patent Issue Date (Month/Day/Year)	August 12, 1997		
		Express Mail Label No.	EL140908397US		
		Total Pages	82		
<b>APPLICATION FOR REISSUE OF:</b> (check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent	
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (<i>PTO/SB/56</i>) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and Claims (<i>amended, if appropriate</i>)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)</p> <p>4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (<i>37 CFR 1.175</i>)(<i>PTO/SB/51 or 52</i>)</p> <p>5. Original U.S. Patent</p> <p><input checked="" type="checkbox"/> Offer to Surrender Original Patent (<i>37 CFR 1.178</i>) (<i>PTO/SB/53 or PTO/SB/54</i>)</p> <p>or</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Affidavit / Declaration of Loss (<i>PTO/SB/55</i>)</p> <p>6. Original U.S. Patent currently assigned?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>(If Yes, check applicable box(es))</p> <p><input type="checkbox"/> Written Consent of all Assignees (<i>PTO/SB/53 or 54</i>)</p> <p><input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement      <input checked="" type="checkbox"/> Power of Attorney</p>		<p>7. <input type="checkbox"/> Transfer drawings from Patent File</p> <p>8. <input type="checkbox"/> Foreign Priority Claim (<i>35 USC 119</i>) (<i>if applicable</i>)</p> <p>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/<i>PTO-1449</i>      <input type="checkbox"/> Copies of IDS Citations</p> <p>10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (<i>if applicable</i>)</p> <p>11. <input type="checkbox"/> Small Entity Statement(s)      <input type="checkbox"/> Statement filed in prior application Status still proper and desired</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>MPEP 503</i>) (<i>Should be specifically itemized</i>)</p> <p>14. <input checked="" type="checkbox"/> Other: <i>Error upon which reissue is based</i></p> <p>.....</p> <p>.....</p>			
<p><b>15. CORRESPONDENCE ADDRESS</b></p> <p><input type="checkbox"/> Customer Number or Bar Code Label</p> <p><input type="checkbox"/> Correspondence address below</p> <p>(Insert Customer No. or Attach bar code label here)</p>					
NAME	George H. Gates, Esq.				
	GATES & COOPER				
ADDRESS	6701 Center Drive West, Suite 1050				
	CITY		Los Angeles	STATE	California
COUNTRY		U.S.A.	TELEPHONE	(310) 642-4140	
				FAX (310) 641-8798	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/50 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office  
PTO-525  
04/02/99  
286678

## REISSUE PATENT APPLICATION TRANSMITTAL

<i>Address to:</i>  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	ST9-95-032R
	First Named Inventor	Paul C-H Leung
	Original Patent Number	5,657,447
	Original Patent Issue Date (Month/Day/Year)	August 12, 1997
	Express Mail Label No.	EL140908397US
	Total Pages	82

APPLICATION FOR REISSUE OF:  
(check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	Transfer drawings from Patent File
2. <input checked="" type="checkbox"/>	Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/>	Foreign Priority Claim (35 USC 119) (if applicable)
3. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input checked="" type="checkbox"/>	Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/>	Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54)	11. <input type="checkbox"/>	Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired
or <input type="checkbox"/>	Ribboned Original Patent Grant	12. <input checked="" type="checkbox"/>	Preliminary Amendment
	<input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	13. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. <input checked="" type="checkbox"/>	Other: Error upon which reissue is based ..... ..... .....
<i>(If Yes, check applicable box(es))</i>			
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)			
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney			

### 15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
NAME	George H. Gates, Esq. GATES & COOPER		
ADDRESS	6701 Center Drive West, Suite 1050		
CITY	Los Angeles	STATE	California
ZIP CODE	90045		
COUNTRY	U.S.A.	TELEPHONE	(310) 642-4140
		FAX	(310) 641-8798

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

ST9-95-032R

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 39	Total Claims (37 CFR 1.16(j))	(B) 39	**** 19 =	x \$ ____ =		or x \$ 78 =	1482
(C) 11	Independent Claims (37 CFR 1.16(i))	(D) 11	* 11 =	x \$ ____ =			x \$ 18 = -0-
Basic Fee (37 CFR 1.16(h))				\$ ____		\$ 760	
Total Filing Fee				\$ ____		OR	\$ 2242

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 69	MINUS	** 39	* = 30	x \$ ____ =		or x \$ 78 =	2340
Independent Claims (37 CFR 1.16(i))	*** 14	MINUS	***** 11	= 3	x \$ ____ =			x \$ 18 = 54
Total Additional Fee				\$ ____		OR	\$ 2394	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. 09-0460 in the amount of \$ 4636.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0460.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

4/2/99

Date

Signature of Applicant, Attorney or Agent of Record

George H. Gates

Typed or printed name